

# Appendix: 2018 APDIM Survey of Internal Medicine Residency Program Directors

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## Start of Block: Introduction

### Q1 Annual APDIM Survey of Internal Medicine Residency Program Directors Fall 2018

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Q2 Since 2004, the APDIM Survey Committee has been charged with collecting representative data on graduate education in internal medicine. The purpose of this survey is to provide residency program directors with 1. useful information on national trends, for planning and negotiation; and 2. a voice to the Accreditation Council for Graduate Medical Education (ACGME) and other regulatory bodies about the perspectives and challenges of internal medicine training. The aggregated summary results of APDIM surveys are presented at Alliance for Academic Internal Medicine (AAIM) professional conferences and related academic medicine society meetings, in peer-reviewed journals, and through the AAIM Surveys and Data web page at [www.im.org](http://www.im.org). **Immediately after submitting your final survey responses, you will receive a copy of them via email.**

This study and its protocol (Number: 18-AAIM-101) were submitted to Pearl IRB (registered with the U.S. Department of Health and Human Services Office for Human Research Protections as IRB00007772) for exemption determination in accordance with FDA 21 CFR 56.104 and DHHS 45 CFR 46.101 regulations, and have been deemed **exempt** under 45 CFR 46.101(b) category 2. You have been invited to participate because you are an internal medicine residency program director whose ACGME-accredited program ("continued" status or "initial," prior to July 1, 2017) is an APDIM member as of August 1, 2018. **Participation is voluntary.** Refusal to participate will not affect your or your program's APDIM membership. It is your right not to answer any questions that you do not wish to answer.

**Your data will be recorded using Secure Socket Layer (SSL) encryption and remain confidential.** No results that contain identifiers of you or your program will be published in any public reports or summaries of the data; before the Survey Committee accesses the data, all personal identifiers will be removed from the survey dataset. Only the AAIM Survey and Data Manager (named below) will handle your information during data collection.

**If you encounter technical problems or no longer are the director of your program's internal medicine residency program,** please contact Alliance for Academic Internal Medicine Survey and Data Manager Michael Kisielewski at [mkisielewski@im.org](mailto:mkisielewski@im.org) or **703-341-4540**. If you have questions for the APDIM Survey Committee about the survey content, please contact APDIM Survey Committee Chair Lisa L. Willett, MD, via [surveys@im.org](mailto:surveys@im.org). If you feel that your rights as a participant in this study have not been upheld, please contact Pearl IRB at [info@pearlirb.com](mailto:info@pearlirb.com) or 317-602-5917.

Please expect to allocate about **20 minutes to Section I** of the survey, and about **25 minutes to Sections II-V**. **If necessary, you may exit and return to the survey later without losing your data.** Please use the unique survey link in your invitational email message; you will be returned to the point where you left. **DO NOT USE** your web browser's "**Back**" or "**Forward**" buttons to navigate the survey. **Instead, you must use the survey "<<BACK**" and "**NEXT>>**" buttons at the bottom of each page.

#### \*\*\*\*\*PLEASE NOTE THE FOLLOWING\*\*\*\*\*

1. Timeframe: Unless otherwise specified, this survey applies to the most recently completed academic year (AY). Consider anybody enrolled or participating in your residency training program on **December 31, 2017** as part of that AY.
2. Cohort: Questions apply to internal medicine residents in a categorical training program. Unless otherwise specified, please **do not include** data for trainees enrolled in a transitional year program or preliminary program, and please **do not include** subspecialty fellows or trainees from programs not included in your ACGME program number.
3. Having ready access to your program demographics might be helpful for completing the first section of the survey. **YOUR PROGRAM COORDINATOR(S) / PROGRAM ADMINISTRATOR(S) MAY COMPLETE ALL OR**

**PART OF SECTION I.** However, please **use caution** when sharing your unique survey URL, to ensure data integrity. Please also **check the information** entered by your coordinator/administrator before submitting your final survey responses.

***Thank you for your participation in this important survey!***

***We know your time is valuable and hope that the results will help our community, our residents, and future training of our physicians in internal medicine.***

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**Q3** ***By clicking below, you acknowledge that your participation in this survey is voluntary.***

☐ Begin the survey. *Please click "Next" (below) to continue.* (1)

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End of Block: Introduction

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Q61 **SECTION III: Internal Medicine Morning Report**

***In this section, “Morning Report” refers to any conference attended by learners that is separate from a traditional lecture series or morbidity and mortality conferences. “Morning Report” is used in the broadest sense here, recognizing that the conference might not be held in the morning and that it might not only be case-based. We realize that your program may have several “morning reports;” please answer the questions for your largest or main morning report. If your program has several sites, consider the largest site where most residents attend.***

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Q62 **Does your residency program have “morning report”?**

- ☐ Yes (1)
- ☐ No (6)
- ☐ We used to but have canceled it (7)

*Skip To: Q63 If Q62 = Yes*

*Skip To: Q79 If Q62 = No*

*Skip To: Q80 If Q62 = We used to but have canceled it*

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Q63 **On average, how many days per week is morning report held?**

- ☐ 1 (1)
  - ☐ 2 (4)
  - ☐ 3 (5)
  - ☐ 4 (6)
  - ☐ 5 (7)
  - ☐ 6 (8)
  - ☐ 7 (11)
  - ☐ Other (please explain how often): (10) \_\_\_\_\_
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Q64 **On average, for how long does morning report last?**

- ☐ 30 minutes (1)
  - ☐ 45 minutes (4)
  - ☐ 60 minutes (5)
  - ☐ 90 minutes (6)
  - ☐ More than 90 minutes (7)
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Q65 **On most days, when is morning report held?**

- ☐ Early morning (before 9am) (1)
- ☐ Late morning (after 9am) (4)
- ☐ Mid-day (5)
- ☐ Early afternoon (6)
- ☐ Late afternoon (7)
- ☐ The time varies (8)

Q66 Typically, how often do the following groups attend morning report?

	Never (1)	Rarely (4)	Sometimes (5)	Frequently (6)	Always (7)	N/A (8)
Medical students (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interns (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PGY-2 residents and higher (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellows (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program directors (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chair of medicine (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q67 Approximately what proportion of morning reports are case-based sessions? *Enter as a numeral without decimal points (e.g., 30).*

Q68 What are the goals of your morning report? *(Check all that apply.)*

- ☐ Develop clinical reasoning (case-based) (1)
- ☐ Fresh case – teach acute management (19)
- ☐ Increase residents' knowledge (content-driven) (4)
- ☐ Teach fundamentals early in the year (e.g., managing shortness of breath) (5)
- ☐ “Stump the faculty” – watch faculty verbalize their clinical reasoning (6)
- ☐ Teach Evidence-Based Medicine (literature review) (7)
- ☐ Review and critique resident decision making (8)
- ☐ Assist in management of complex patients (9)
- ☐ Quality improvement (11)
- ☐ High Value Care – cost effectiveness (12)
- ☐ Simulation sessions (13)
- ☐ Review admissions/discharges (14)
- ☐ Review MKSAP – Board questions (15)
- ☐ Bring in experts outside of internal medicine (16)
- ☐ Learn about rare diagnoses (17)
- ☐ Other (please explain): (18) \_\_\_\_\_

**Q69 Do the goals of your morning report change throughout the academic year?**

- ☐ Yes (please explain how): (1) \_\_\_\_\_
- ☐ No (2)

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**Q70 How often do the following groups conduct/lead morning report? *The lead is the person “at the board” who asks questions and thinks through the cases or makes the teaching points.***

	Never (1)	Sometimes (3)	Frequently (4)
Chief residents (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior residents (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Junior residents (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Faculty (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Director / Associate Program Director (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chair of medicine (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fellows (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please explain): (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q71 Regarding your morning report:**

	Yes (1)	No (2)	Sometimes (3)
Do you schedule follow-up time for previous cases? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are refreshments provided? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you provide pager coverage? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q72 What is your level of agreement with the following statements about your morning report?**

	Strongly disagree (1)	Disagree (4)	Neutral (5)	Agree (6)	Strongly agree (7)	N/A (8)
Residents are comfortable speaking at it (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interns are comfortable speaking at it (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We continually try new things at it (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attendance is high (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residents (PGY-2 and PGY-3) are usually on time (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q73 Have you been pressured to cancel or move morning report in response to hospital clinical demands?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ I am not sure or I have not been program director long enough to be sure (3)

*Display This Question:*  
If Q73 = Yes

**Q74 How pressured have you felt to cancel or move morning report?**

- ☐ Somewhat pressured (4)
- ☐ Moderately pressured (5)
- ☐ Very pressured (6)

Display This Question:  
If Q73 = Yes

**Q75 What change(s) have you made to morning report in response to hospital pressure? (Check all that apply.)**

- ☐ Reduced the number of morning reports (1)
- ☐ Changed the time (4)
- ☐ Reduced the length of morning reports (5)
- ☐ Limited which PGY level residents attend (6)
- ☐ Limited which clinical service residents attend (7)
- ☒ No changes have been made (8)
- ☐ Other (please explain): (9) \_\_\_\_\_

**Q76 Does your residency program have a separate intern report?**

- ☐ Yes (1)
- ☐ No (2)

Display This Question:  
If Q76 = Yes

**Q77 On average, how many days per week is intern report held?**

- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 (4)
- ☐ 5 (5)
- ☐ 6 (6)
- ☐ 7 (7)
- ☐ Other (please explain how often): (16) \_\_\_\_\_

**Q78 What do you consider the most unique/special aspect of your morning report?**

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Display This Question:  
If Q62 = No

**Q79 Why does your program not have a morning report? (Check all that apply.)**

- ☐ Lack of housestaff interest (1)
- ☐ Time of day (4)
- ☐ Duty hour restrictions (5)
- ☐ Scheduling conflicts/Unable to find time (6)
- ☐ Lack of faculty/administrative support (8)
- ☐ Lack of chief resident involvement (9)
- ☐ Other (please explain): (10) \_\_\_\_\_

Display This Question:

If Q62 = We used to but have canceled it

**Q80 Why did your program cancel morning report? (Check all that apply.)**

- ☐ Lack of housestaff interest (1)
  - ☐ Poorly attended (4)
  - ☐ Time of day (5)
  - ☐ Duty hour restrictions (6)
  - ☐ Scheduling conflicts/Unable to find time (7)
  - ☐ Lack of faculty/administrative support (9)
  - ☐ Lack of chief resident involvement (10)
  - ☐ Other (please explain): (11) \_\_\_\_\_
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**Q81 You have completed 3 of 5 sections.**

End of Block: Section III: Internal Medicine Morning Report

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